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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CON of 10/690,495 10/21/2003 which is a CON of 09/415,142 10/09/1999 ABN  
 which is a DIV of 08/386,063 02/07/1995 PAT 6,194,388 <sup>00</sup>  
 which is a CIP of 08/276,358 07/15/1994 ABN

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 04/09/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <sup>00</sup>				
Verified and Acknowledged <sup>00</sup> Examiner's Signature Initials				

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**TITLE**

Immunomodulatory oligonucleotides

<b>FILING FEE RECEIVED</b> 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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